

**MARICOPA INTEGRATED HEALTH SYSTEM**  
**AN EQUAL OPPORTUNITY EMPLOYER**

Maricopa Integrated Health System (MIHS) is an equal opportunity employer. MIHS does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, or any other characteristic protected by applicable state or federal civil rights law.

**VOLUNTARY PRE-EMPLOYMENT FORM**

Maricopa Integrated Health System wishes to voluntarily comply with federal regulations which require us to file annual statistical reports on applicants for employment. In addition, we wish to voluntarily comply with the various laws and regulations which protect individuals with disabilities. You are not required to provide this information, but your cooperation is encouraged. Please be assured that you will not be subjected to any adverse treatment if you do not provide the information requested.

GENDER: ☐ Female ☐ Male

EEO CLASSIFICATION: ☐ White (Not of Hispanic Origin) ☐ Black (Not of Hispanic Origin)  
☐ Hispanic ☐ American Indian or Alaskan Native ☐ Asian or Pacific Islander

**APPLICANTS IDENTIFYING THEMSELVES AS DISABLED**

Disabled individual: A person with a physical or mental impairment that substantially limits one or more major life activities,\* has a record of such an impairment or is regarded as having such an impairment.

\*A disabled individual who is likely to experience difficulty in securing, retaining or advancing in employment would be considered substantially limited.

You are not required to provide the above information concerning a disability. If you do, it will be kept confidential, with the following exceptions.

- Supervisors may be informed if accommodation is necessary or if your work duties are restricted.
- Government representatives may be provided information in compliance with various laws and regulations.

1. Are you a disabled individual or do you have any physical or mental condition or disability which may limit your ability to perform the position(s) for which you apply? ☐ Yes ☐ No
2. If yes, do you possess or can we provide you with any special methods, skills, or procedures which might qualify you for the position(s) you might not otherwise be able to do because of your disability?

**PLEASE INDICATE** how you learned about the position for which you are applying (check only one number):

- |   |   |
|---|---|
| 1 <input type="checkbox"/> Arizona Republic Newspaper                     | 2 <input type="checkbox"/> Internet           |
| 3 <input type="checkbox"/> From a Maricopa County Employee                | 4 <input type="checkbox"/> Recorded Job Line  |
| 5 <input type="checkbox"/> Job announcement posted in the MIHS HR office  | 6 <input type="checkbox"/> Profession Journal |
| 7 <input type="checkbox"/> Job listing posted in a different agency (DES) | 8 <input type="checkbox"/> Television         |
| 9 <input type="checkbox"/> Other Newspaper, please list _____             |   |
| 10 <input type="checkbox"/> Job Fair at _____                             |   |